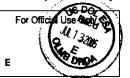
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 28

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12/31 /04

Name Brother hoop of Locomotive Engrs. FTIAinman

4. Name, file number, and address of labor organization.

Labor Organization File Number 654-154

P.O. Box, Building and Room Number, if any

Street 86 PEABODY LANE	Street 1370 ONTANIO ST MCZZANINE	
city Greenfield	city Clevelano	
State <i>m</i> A ZIP Code + 4 6(30)	State OH ZIP Code + 4 (4/1/3 -) 702	
5. Position in labor organization. Secretary—Treasur		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or omenatory value from an employer whose employees your organization.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name (Asserting to the second		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City City Control of the Control of		
State ZIP Code + 4		
Sign	atur Labert U. Fritaine	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Roley a. Factorine	On 7/8/2005 1-4/13) 724-7796 Date Telephone Number	

Name of Person Filing		er U- 2829	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	Litter of Lary to		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	mara Pakasa Pakasa ka 1966 na 1966 Nancara ng mga ka 1968 na 1969 na 1969 na 1969 na 1969 Nancara Pakasa Nancara na 1969 na 196		
Street	11.b. Approximate dollar value of such d	ealing.	
City Programme City P	12.a. Nature of interest held or income	received.	
State ZIP Code + 4			
	12.b. Amount.	Many was a state of the state o	
C. Received from any employer (other than an employer covered under parts A and B above)			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(Including trade name, if any).			
Name : 1			
Trade Name, if any:			
P.O. Box, Bldg., Room/No., if any			
Street			
City / Z			
State ZIP Code + 4	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?			